


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003040 1. Entity Name ST. PAUL SUPER SENIORS, INC.	
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Principal Place of Business 600 JACKSON ST LAKE HELEN, FL 32744 US	Mailing Address 600 JACKSON ST LAKE HELEN, FL 32744 US
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04282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4515370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRADLEY, WILLIAM L 602 W EUCLID AVE DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000944796
05/29/08-80113-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, WILLIAM L SR 602 W EUCLID AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCNEIL, JUANITA 977 DEERFOOT RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, LINDA 606 AMBROSE ST DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADLEY, ROSE 572 JACKSON ST LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X William L Bradley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/08 386-734-2605
Daytime Phone #